Case 25-12585-djb Doc 18 Filed 08/07/25 Entered 08/07/25 16:50:50 Desc Main Document Page 1 of 3

Fill in this information to identify your case:						
Debtor 1	Naomi		Grant			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankı	nited States Bankruptcy Court for the:		ern District of Pennsylvania			
Case number	25-12585					
(if known)						

Check as directed in lines 17 and 21:	
According to the calculations required Statement:	by this
1. Disposable income is not determ under 11 U.S.C. § 1325(b)(3).	ined
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).	i
☑ 3. The commitment period is 3 year	s.
☐4. The commitment period is 5 year	s.
Check if this is an amended filing	

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income								
1.	1. What is your marital and filing status? Check one only. ✓ Not married. Fill out Column A, lines 2-11. ☐ Married. Fill out both Columns A and B, lines 2-11.							
Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. Fexample, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.								
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).				\$0.00			
3.	Alimony and maintenance payments. Do not include payments from a spouse.					\$0.00		
4.	All amounts from any source which are regularly paid for your dependents, including child support. Include regular unmarried partner, members of your household, your deper roommates. Do not include payments from a spouse. Do not line 3.	contributions f ndents, parents	rom s, ar	n an nd	or	\$0.00		
5.	Net income from operating a business, profession, or farm	Debtor 1		Debtor 2				
	Gross receipts (before all deductions)	\$1,201.56		\$0.00				
	Ordinary and necessary operating expenses	\$10.38	-	\$0.00				
	Net monthly income from a business, profession, or farm	\$1,191.18		\$0.00	Copy here –	,\$1,191.18		
6.	Net income from rental and other real property	Debtor 1		Debtor 2				
	Gross receipts (before all deductions)	\$0.00		\$0.00				
	Ordinary and necessary operating expenses	\$0.00	-	\$0.00				
	Net monthly income from rental or other real property	\$0.00		\$0.00	Copy here -	<u>\$0.00</u>		

Case 25-12585-djb Doc 18 Filed 08/07/25 Entered 08/07/25 16:50:50 Desc Main Document Page 2 of 3

Case number (if known) 25-12585

Grant

First Name Middle Name Last Name Column B Column A Debtor 1 Debtor 2 or non-filing spouse 7. Interest, dividends, and royalties \$0.00 8. Unemployment compensation \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you..... \$0.00 For your spouse..... 9. Pension or retirement income. Do not include any amount received that was a benefit \$0.00 under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Pro-rated tax refund 2024 \$664.58 Total amounts from separate pages, if any. \$1,855.76 \$1,855.76 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total average monthly income Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$1,855.76 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$0.00 \$0.00 Copy here. -Total..... 14. Your current monthly income. Subtract the total in line 13 from line 12. \$1,855.76

Debtor 1

Naomi

Case 25-12585-djb Doc 18 Filed 08/07/25 Entered 08/07/25 16:50:50 Desc Main Document Page 3 of 3

Debtor 1	Naomi	Grant	Case number (if known)	25-12585
	First Name	Middle Name Last Name		
	•	thly income for the year. Follow these steps:		4
	• •			\$1,855.76
N	Multiply line 15a by 12 ((the number of months in a year).		x 12
15b.	The result is your curre	ent monthly income for the year for this part of the fo	orm	\$22,269.12
16. Calcu	late the median family	income that applies to you. Follow these steps:		
16a.	Fill in the state in which	n you live. Pennsy	<u>ylvania</u>	
16b.	Fill in the number of pe	eople in your household.	<u>1</u>	
16c.	Fill in the median family	y income for your state and size of household		\$125,754.00
		le median income amounts, go online using the link This list may also be available at the bankruptcy cl		
17. How c	lo the lines compare?			
17a.	Line 15b is less th	nan or equal to line 16c. On the top of page 1 of this (3). Go to Part 3. Do NOT fill out <i>Calculation of You</i>	s form, check box 1, <i>Disposable income is not</i> o	determined under 11
17b.	Line 15b is more to 1325(b)(3). Go to	than line 16c. On the top of page 1 of this form, che Part 3 and fill out Calculation of Your Disposable	ck box 2, Disposable income is determined un	
Part 3: C	•	ncome from line 14 above. Imitment Period Under 11 U.S.C. §1325(b)I	(4)	
		nthly income from line 11.		
	-			<u>\$1,855.76</u>
calcula amour	ating the commitment p	ent if it applies. If you are married, your spouse is no period under 11 U.S.C. § 1325(b)(4) allows you to de	educt part of your spouse's income, copy the	
19a. If	the marital adjustment of	does not apply, fill in 0 on line 19a		\$0.00
19b. S u	ubtract line 19a from lir	ne 18.		<u>\$1,855.76</u>
20. Calcu	late your current mont	thly income for the year. Follow these steps.		
20a. Co _l	py line 19b			<u>\$1,855.76</u>
Mu	Itiply by 12 (the numbe	r of months in a year).		x 12
20b. The	e result is your current r	monthly income for the year for this part of the form.		\$22,269.12
20c. Cop	by the median family inc	come for your state and size of household from line	16c	\$125,754.00
21. How c	lo the lines compare?			
☑ Line		0c. Unless otherwise ordered by the court, on the to	op of page 1 of this form, check box 3,	
Line	20b is more than or ed	qual to line 20c. Unless otherwise ordered by the conent period is 5 years. Go to Part 4.	ourt, on the top of page 1 of this form,	
Part 4: S	ign Below			
By sign	ing here, under penalty	y of perjury I declare that the information on this stat	tement and in any attachments is true and corr	ect.
V				
X	/s/ Naomi Grant			
	Signature of Debtor 1			
	Date 08/07/2025 MM/ DD/ YYYY			
If you c	hecked 17a, do NOT fil	ill out or file Form 122C–2.		
If you c	hecked 17b, fill out For	rm 122C–2 and file it with this form. On line 39 of the	at form, copy your current monthly income from	n line 14 above.